

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830451 FILING DATE

APPLICANT(S)

CLAIMS

IND.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1						51		1			
2							52		1			
3		1					53	1				
4		1					54		1			
5		1					55		1			
6		1					56		1			
7		1					57		1			
8		1					58		1			
9		1					59		1			
10		1					60		1			
11		1					61		1			
12		1					62		1			
13		1					63		1			
14	1						64		1			
15		1					65		1			
16		1					66		1			
17							67		1			
18		1					68		1			
19		1					69		1			
20		1					70		1			
21		1					71		1			
22	1						72		1			
23		1					73		1			
24		1					74		1			
25		1					75		1			
26		1					76		1			
27		1					77		1			
28		1					78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46		1					96					
47		1					97					
48		1					98					
49		1					99					
50		1					100					
TOTAL D.							TOTAL IND.	13				
TOTAL P.							TOTAL DEP.	64				
TOTAL AIMS							TOTAL CLAIMS	77				